

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME Robert Cahill (Counsel for Plaintiffs)		TELEPHONE NUMBER 703-456-8145	
DATE OF REQUEST 5/30/2020		EMAIL ADDRESS (Transcript will be emailed to this address.) rcahill@cooley.com; ebolton@cooley.com			
MAILING ADDRESS Cooley LLP, 11951 Freedom Drive, 14 th Floor				CITY, STATE, ZIP CODE Reston, VA 20190	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER <u>OR</u> CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:17-cv-00072		CASE NAME Sines, et al. v. Kessler, et al.		JUDGE'S NAME Joel C. Hoppe	
DATE(S) OF PROCEEDING(S) 5/29/2020		TYPE OF PROCEEDING(S) Telephonic Motion Hearing		LOCATION OF PROCEEDING Charlottesville, VA	
REQUEST IS FOR: (Select one) <input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION(S) (Must specify below)					
SPECIFIC PORTION(S) REQUESTED (If applicable):					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)					
<input type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input checked="" type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 5/30/2020		SIGNATURE /s/ Robert T. Cahill			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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